

# Semi – Annual Processing / Incineration Facility Report

Reporting Period Year \_\_\_\_\_

☐ January 1<sup>st</sup> - June 30<sup>th</sup>, Due October 1<sup>st</sup>    ☐ July 1<sup>st</sup> - December 31<sup>st</sup>, Due April 1<sup>st</sup>

<b>County:</b> _____ <b>Permit #:</b> _____  <b>Responsible Official:</b> _____ <b>Facility Name:</b> _____ <b>Address:</b> _____ <b>City, State, Zip:</b> _____ <i>Please make address corrections as necessary</i>	<b>Send completed form to:</b> <b>Energy and Waste Management Bureau</b> <b>502 East Ninth Street</b> <b>Des Moines, Iowa 50319-0034</b>
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**COLLECTION AND/OR HANDLING.** Please answer the following questions on solid waste accepted or handled at the facility. If you answer "yes" to any question, provide tonnage information available for this reporting period.

<b>What type of material handling is done at this facility?</b>	<input type="checkbox"/> Medical Waste Processing/Autoclaving <input type="checkbox"/> Medical Waste Incinerator <input type="checkbox"/> Solid Waste Processing	<input type="checkbox"/> Solid Waste Incinerator <input type="checkbox"/> Material Recovery Facility <input type="checkbox"/> C & D Recycling Facility
<b>Report the amount of solid/medical/C &amp; D waste accepted during reporting period.</b>	Tonnage: _____	
<b>Report the amount of solid waste incinerated/processed during reporting period.</b>	Tonnage: _____	
<b>Does this facility accept waste from out-of-state?</b> <b>If yes, indicate on the lines below the individual tonnage originating in each state.</b>	<input type="radio"/> Yes <input type="radio"/> No	
State: _____	Tonnage: _____	
State: _____	Tonnage: _____	

**SOLID WASTE DISPOSAL.** In this section provide information as to the disposal and treatment of the waste accepted at this facility.

**Indicate on the lines below a list of facilities or service area from which waste is received (attach additional pages if necessary).**

Service Area: \_\_\_\_\_

Facilities: \_\_\_\_\_

**Provide the estimated distribution of all waste, by weight that is received by the facility (attach additional pages if necessary).**

Paper/Cardboard	%	Concrete/Rubble	%
Plastic	%	Soil	%
Glass	%	Animal Carcasses/Bedding	%
Metal	%	Infectious/Medical	%
Wood	%	Other (specify)	%

**What is the residual (ash, red bag waste, solid waste, etc.)?**

**Where is the final disposal site for residual?**

<b>Report the amount of residual disposed of during reporting period.</b>	Tonnage: _____
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## CERTIFICATION

I certify that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

<b>Signature</b>	<b>Name &amp; agency of Person Certifying</b> (please type or print)	<b>Date</b>
<b>Telephone Number</b>	<b>Fax</b>	<b>Email</b>

**Questions? Call or email:**

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